



A.G.B.U. MANOOGIAN-DEMIRDJIAN SCHOOL

RECOMMENDATION FORM CONFIDENTIAL

PRINCIPAL AND CURRENT TEACHER:

Please mail this **RECOMMENDATION FORM** and a copy of the student's transcripts, and most recent standardized test scores directly to the school address:

A.G.B.U. Manoogian-Demirdjian School
6844 Oakdale Avenue, Canoga Park, CA 91306
Attention: Registrar

This form will be used only by the persons on the Admissions Committee and will not be open to general review.

STUDENT'S NAME: _____

PRESENT SCHOOL: _____ **Applying to Grade:** _____

| APPLICANT INFORMATION: | BELOW AVERAGE | AVERAGE | GOOD | EXCELLENT |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Academic Achievement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Conduct | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Motivation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Responsibility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leadership | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to Work Alone | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to Work in a Group | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Social Adjustment Relationship with Peers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooperation with Adults | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Study Habits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Follows Direction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Attendance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

COMMENTS:

Please note any special health problems: _____

Has the student been subject to serious disciplinary action? (i.e. suspension, expulsion, etc.)

YES NO

Explain: _____

RECOMMENDATION:

Academically

As A Person

- a. I strongly recommend this student
- b. I recommend this student
- c. I recommend with reservations
(Please state your reservations)

- d. I do not recommend this student
(Please state your reservations)

FAMILY INFORMATION:

Rarely

Sometimes

Usually

Always

Communication with school

Attendance at school functions

Cooperation with school rules

Cooperation with faculty/administration

Fulfillment of Financial responsibilities

Participation in child's education

Parent expectations

IS THERE ANY ADDITIONAL INFORMATION WHICH YOU THINK MIGHT OR SHOULD INFLUENCE OUR DECISION?

Signature of Current Teacher _____

Signature of Principal _____

Phone Number _____ Date: _____

THANK YOU FOR THE TIME YOU HAVE TAKEN TO PREPARE THIS REPORT. YOUR CAREFULLY CONSIDERED JUDGEMENTS WILL HAVE A DIRECT BEARING ON THE CANDIDATE'S APPLICATION.